Department of Health & Human Services
Division of Public Health, Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
402-471-4364 or fax 402-471-1066

Affidavit of Not Providing Services/Providing Services

The records of the Division of Public Health of the Department of HHS Division of Public Health indicate that you may not be properly registered or authorized to provide services as a Medication Aide under the Medication Aide Act. Being properly registered or authorized includes having an active registration in the appropriate category for where you are providing services. (*Please note that if you are providing services in an assisted living facility, an ICF-MR or a nursing home, you must have a current registration as a Medication Aide-40 Hour. For all other types of licensed facilities, you must have a current registration as a Medication Aide or Medication Aide 40-Hour.)

1. **You must check one (1) of the following:**

_____ I **have not** provided services as a Medication Aide in Nebraska without being properly registered or authorized.

_____ I **have** provided services as a Medication Aide in Nebraska without being properly registered or authorized. The actual number of partial or whole days that I provided services is _____.

2. **Employer Information - Complete <u>ONLY</u> if you have provided services as a Medication Aide in Nebraska without being properly registered or authorized:**

_____
Employer Name

_____
Employer Address

_____
Employer Telephone Number

_____
Dates of Employment as a Medication Aide

3. **Personal Information:**

Print Your Name: _____

Your Medication Aide Registration #: _____ Daytime Phone Number: _____

4. **Affidavit:**

State of _____ County of _____, I _____ being duly sworn, say that I am the person referred to in this affidavit, that the statements herein contained are true to the best of my knowledge and belief, and that I have read and understand the affidavit.

_____ _____
Legal Signature of Applicant Date